

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4640
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **1285**
(c) City **St. Louis Mo.** (d) Street No. **St. Anthony Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ruby Maiden 350

(a) Residence, No. **2208 S 11th St.** St. **23**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dorrell Maiden**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 27 1916**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 6 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**

9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **James Wright**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Lucille Schnell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT **Dorrell Maiden**
(ADDRESS) **2208 S 11th St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New St Marcus** DATE **Feb 5 1938**

19. FUNERAL DIRECTOR **Shorcutis**
(ADDRESS) **2906 Gravois Ave.**

20. FILED **FEB 4 1938** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **FEB. 3 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 29 1938** to **Feb 3 1938**

I last saw her alive on **Feb 3 1938**. Death is said to have occurred on the date stated above, at **6:05 a. m.**

The principal cause of death and related causes of importance were as follows:

acute general peritonitis - suppurative
non-appendicitis
Date of onset **Jan 29 1938**

Other contributory causes of importance: **Chronic focal inflammation of appendix (operation for appendectomy)**
by child 2 yrs. ago

Name of operation **Suppurative drainage** Date of **2/1/38**
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **W. J. Watson** M. D.

(Address) **1040 Emmet**

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS

L. E. 1619

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Thos. Kutis

Licensed Embalmer No. 1619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)